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4 Government of the  
5 District of Columbia

**2003 D-40ES SUB Estimated Income  
Tax Voucher**



0 3 0 4 0 0 6 1 0 0 0 0



Mark if your address is different than your last return

Your first name M.I. Last name  
**AAAAAAAAAAAAAAA A AAAAAAAAAAAAAAAA**

OFFICIAL USE ONLY

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Spouse's first name if joint payment M.I. Last name  
**AAAAAAAAAAAAAAA A AAAAAAAAAAAAAAAA**

Quarterly payment \$ **NNNNNNNN .00**

Your social security number Spouse's social security number  
**NNN-NN-NNNN NNN-NN-NNNN**

Home address(number and street) Apartment number  
**AAAAAAAAAAAAAAA XXXXX**

City State Zip  
**AAAAAAAAAAAAAAA AA NNNNN-NNNN**

Voucher number: **N** Due date: **MM/DD/YY**

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1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84

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4 Government of the  
District of Columbia

5 **2002 D-40N Change of Name or Address**

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7 Old information

8 Your first name M.I. Last name  
**A AAAAAAAAAAAAAA A AAAAAAAAAAAAAA**

9 Spouse's first name if joint payment M.I. Last name  
**A AAAAAAAAAAAA A AAAAAAAAAAAA**

10 Your social security number Spouse's social security number Daytime phone number  
**999-99-9999 999-99-9999 999-999-9999**

11 Home address (number and street) If foreign address use Schedule S. Apartment number  
**9999AAAAAA AAAAAA A 99AAA**

12 Your social security number Spouse's social security number Daytime phone number  
**9999AAAAAA AAAAAA 9999-9999**

13 City State Zip  
**AAAAAA AA 99999-9999**

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20 New information

21 Your first name M.I. Last name  
**A AAAAAAAAAAAA A AAAAAAAAAAAA**

22 Spouse's first name if joint payment M.I. Last name  
**A AAAAAAAAAAAA A AAAAAAAAAAAA**

23 Your social security number Spouse's social security number Daytime phone number  
**999-99-9999 999-99-9999 999-999-9999**

24 Home address (number and street) If foreign address use Schedule S. Apartment number  
**9999AAAAAA AAAAAA 99AAA**

25 City State Zip  
**AAAAAA AA 99999-9999**

26 Please send form to:  
Office of Tax and Revenue  
P.O. Box 470  
Washington, D.C. 20044-0470

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63 Revised 10/02

64 2003 D-40N Change of Name or Address r page 1

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